

Division of Health Care Facilities

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3308	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/23/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE CARE CENTER OF EAST RIDGE

1500 FINCHER AVENUE
EAST RIDGE, TN 37412

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 001	1200-8-6 Initial Comments This Rule is not met as evidenced by: A licensure survey and complaint investigation #32359 were completed on January 21 - January 23, 2014, at Life Care Center of East Ridge. No deficiencies were cited related to complaint investigation #32359 under Chapter 1200-8-6, Standards for Nursing Homes.	N 001		
N 433	1200-8-6-.04(24) Administration (24)The facility shall develop a concise statement of its charity care policies and shall post such statement in a place accessible to the public. Authority: T.C.A. §§4-5-202, 4-5-204, 39-17-1803, 39-17-1804, 39-17-1805, 68-11-202, 68-11-204, 68-11-206, 68-11-209, 68-11-225, 68-11-254, 68-11-256, 68-11-257, 68-11-268, 68-11-906, and 71-6-121. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post the facility's charity care policy in a place accessible to the public. The findings included: Observation with the Administrator on January 23, 2014, at 1:00 p.m., in the facility lobby and main hallway revealed no posting of the facility's charity care policy. Interview with the Administrator, at the time of the observation, in the facility lobby confirmed the	N 433	<p>N433</p> <p>1. CORRECTIVE ACTION On January 23, 2014, the Administrator posted the facility's charity care policy on the "Providing the Right Care at the Right Time" poster, which is located in the front lobby next to the dining room. The policy states that "This facility does not discriminate according to a resident's financial status. This facility does provide Charity Care."</p> <p>2. IDENTIFICATION OF OTHER RESIDENTS Other residents could be directly affected by this.</p> <p>3. SYSTEMATIC CHANGES The facility plans to inform residents, upon admission, of its Charity Care policy going forward.</p> <p>4. MONITORING OF CORRECTIVE ACTION The administrator plans to check the "Providing the Right Care at the Right Time" poster at least three times per week for a four week span, reporting the findings to the QA/PI committee for three months.</p>	2/19/14

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

6809

TYLD11

Executive Director

2/19/14

If continuation sheet 1 of 2

Division of Health Care Facilities

PRINTED: 02/03/2014
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF EAST RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 433	Continued From page 1 facility had failed to post it's own charity care policy.	N 433			

Division of Health Care Facilities
STATE FORM

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If continuation sheet 2 of 2

